(c) whether there is any proposal for providing additional health-care facilities before the said period?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Government of N.C.T. of Delhi is the nodal agency to provide medical care during the Common Wealth Games, 2010. Central Government , hospitals would also provide all necessary arrangements to assist in this endeavor. The medical care facilities would be provided at the Games Village, the competition/practicing/training venues and dedicated tertiary care hospital facility. There would be medical first aid posts in all competition and training venues. The ambulance service system has been strengthened to provide dedicated Advance Life Support ambulance at Games-Village and Competition Venues and basic life support ambulances for managing mass casualties. Government of India has approved the proposal for setting up of Sports Injury Centre at Safdarjung Hospital to provide specialized care to the participants of the Common Wealth Games 2010. The Centre will be dedicated to management of Sports Injury at par with international standards.

UN spending on population control

†56. SHRI JAI PARKASH AGGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the United Nations Population Fund has spent several million dollars to control population in the country over the years;

(b) if so, the details thereof;

(c) whether results of population control are satisfactory;

(d) if so, the details thereof; and

(e) if not, the steps taken/proposed to be taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) UNFPA has been assisting the Government of India, since 1974 through its five year Country Programmes on reproductive health, gender and population development issues. So far, six Country Programmes have been implemented, with a total funding assistance of US $ 341 million. The seventh Country Programme covering the period from 2008-2012 at an estimated cost of US $ 65 million is under implementation.

UNFPA joined as one of the Development Partners in the year 2005 for the implementation of phase-II of Reproductive and Child Health Programme (RCH-II) under the National Rural Health Mission (NRHM). The NRHM goals mandate reduction of Maternal Mortality Ratio to 100 per 1,00,000 live births, Infant Mortality Rate to 30 per 1,000 live births and Total Fertility Rate to 2.1 by 2012. Against the above goals, IMR of 55 per 1,000 live births (SRS-2007), MMR of 301 per 1,00,000 live births (SRS 2001-2003) and TFR of 2.7 (SRS-2008) have been achieved.

†Original notice of the question was received in Hindi.

The RCH-II Programme had adopted an approach in which fertility reduction goes hand in hand with reduction in Maternal and Child Mortality. The current fertility trend of 2.7 children per woman in India in NFHS-III is faster than replacement rate of 2.1 children per women.

The following steps have been taken by the Government to check population control:-

(i) National Family Planning Insurance Scheme has been started since Nov, 2005 to provide insurance cover to the sterilization acceptors for failures, complications and death and also indemnity insurance cover to doctors/health facilities;

(ii) The revision of comprehensive package in Sep. 2007 to compensate for loss of wages and also to provide compensation to providers of services. It also provides for partnerships with non-governmental sector;

(iii) Specific action points/strategies have been incorporated in the States Projects Implementation Plans (PIPs) under National Rural Health Mission (NRHM) every year to address the up-gradation of Family Planning Services and increase the number of providers;

(iv) Promoting acceptance of no Scalpel Vasectomy to ensure male participation;

(v) Promoting IUD 380 A intensively as a spacing method because of its longevity of 10 years and advantages of other IUDs;

(vi) Fixed day Fixed Place Family Planning Services round the year made possible on account of growing number of 24x7 PHCs and better functioning CHCs and other health facilities under NHFIM.

In addition, the Government has a dedicated programme to undertake research for development and evaluation of contraceptive technologies for both males and females. During the last three decades, Government has evaluated different types of Intrauterine devices, Oral Contraceptives, injectable and implantable contraceptives for their efficacy and acceptability. In order to help couples with a backup method to prevent unwanted pregnancy, the emergency contraceptives have been introduced which are very useful method for preventing unplanned and unintended pregnancies.

Caesarian child births

57. DR. GYAN PRAKASH PILANIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether caesarian operations have increased to earn extra money, even when it is not medically warranted;

(b) what are their statistics and what is the percentage of caesarian child births in Government/private hospitals;

(c) what steps Government intend to take to curb this unethical racket; and

(d) how does India compared with other countries, regarding caesarian child birth scenario?